

PART 2: SCHOOL NUTRITION PROGRAMS NEW APPLICATION

2005-2006

Local Agency Name: _____ Number _____

A. PROGRAMS

- ☐ National School Lunch Program
 - ☐ Lunch
 - ☐ Snack After School
- ☐ School Breakfast Program
 - ☐ Regular
 - ☐ Severe Need
- ☐ Special Milk Program
 - ☐ Special Milk Program only (No Meals)
 - ☐ Special Milk Program for Split Session Kindergarten/Preschool
- ☐ Food Distribution Program (Commodities)

B. PRICING STRUCTURE

	Non-Pricing	Pricing		
Lunch Program	<input type="checkbox"/>	<input type="checkbox"/>		
Breakfast Program	<input type="checkbox"/>	<input type="checkbox"/>		
Milk Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2

Special Milk Pricing Program only: Actual cost of milk per half-pint paid to dairy for milk used in SMP:

Whole _____ 2% _____ 1% _____ Skim _____ Flavored _____

C. SEVERE NEED BREAKFAST

An individual school participating in the School Breakfast Program may be considered for rates of reimbursement in excess of the regular rates if it meets the criteria outlined in Part II(A)(4).

Application for Severe Need was listed in Section A - Programs. Which sites will operate under Severe Need Breakfast Option?

D. SNACK AFTER SCHOOL OPTION

1. Does the school have final administrative and management responsibility for the After School Care Program and the site where it is operated? ☐ yes ☐ no

2. Are the After School Program operations carried out by another agency?
☐ yes ☐ no

3. If yes, what agency does this? _____

E. AUDIT

Date of last financial audit _____

Firm _____

F. MENU PLANNING OPTIONS

Check the menu planning option(s) that will be implemented:

- Food Based Menu Planning Nutrient Standard (NuMenus) Menu Planning
- ☐ Enhanced ☐ Nutrient Standard Menus
- ☐ Traditional ☐ Assisted Nutrient Standard Menus
- ☐ Alternate Menu Planning Approach

G. FREE & REDUCED PRICE ELIGIBILITY**1. Frequency and method of obtaining applications:**

Applications for free and reduced price meals/free milk (meal benefit forms) will be obtained as indicated: (See part II(C)(1)(k) and IV(B)(4) for further information.)

- ☐ a. Annually for all children receiving free or reduced price meals, or free milk.
- ☐ b. By implementing one of the following NSLP/SBP special provisions:
- ☐ Provision 1 Base Year _____
- ☐ Provision 2 Base Year _____ ☐ Extension requested
- ☐ Provision 3 Base Year _____ ☐ Extension requested

Personnel attended/will attend workshop in

- ☐ at Association/State Agency Fall Conference
- ☐ DDN Date to be announced
- ☐ c. As a Residential Child Care Institution (RCCI), the SFA is:
- ☐ Using enrollment roster (attachment D as is) for residential students
- ☐ Using other enrollment roster (attach sample) for residential students
- ☐ Using Applications for Free and Reduced Price Meals for day students
- ☐ Provision 3 Base Year _____ ☐ Extension requested

2. Determining/hearing officials

In compliance with Part IV (B)(3) and (4) for NSLP and SBP and Pricing Option 2 SMP, the name and title of the person designated as the determining official for free/reduced eligibility is

_____.

For pricing NSLPs and SMPs, the name and title of the person designated as the hearing official is

_____.

H. MEAL/MILK BILLING AND PAYMENT COLLECTION

Pricing Programs Only: Describe in detail (on a separate page if needed) the procedure which will be Used to distribute notices of payment, collect payments for meals or milk from students, distribute tokens, tickets, etc., and provisions for protecting the anonymity of students who receive free and reduced meals. If more than one system of collection is used, explain them all and indicate the system each school uses. In collecting payments for meals or milk and in distributing tickets, tokens, etc., school officials must ensure that there is no overt identification of recipients of free and reduced price meals or free milk both in the serving line and when tickets are distributed/sold.

I. CLAIM PREPARATION☐ Yes` ☐ No

Standard edit checks are applied to eligibility category daily counts and totals in preparing the claim for reimbursement.

☐ Yes ☐ No

Alternate edit checks are described on a separate sheet and approval for these is requested.

J. PROGRAM MONITORING

If the SFA has more than one place where meal counts are taken, indicate the specific date(s) that monitoring visits are planned to be completed in compliance with Part II(B)(25):

Lunch:

Snack:

K. ADDITIONAL ATTACHMENTS

The SFA has included the following applicable attachments:

- ☐ 1. Request with justification for claiming seven days/week if appropriate for other than RCCIs.
(See (I)(B)(2) of application and instructions.)
- ☐ 2. Multiple SFA Addendum, if applicable.
- ☐ 3. Memorandum of Understanding for Waiver of Confidentiality, Attachment B4.

L. CERTIFICATION

This is to certify that the information is true and correct and is submitted as part of the Local Agency's combined application:

By: _____
Authorized Representative Signature

Name: _____
(Print or Type)

Title: _____

Date: _____